

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

SERIAL NO.
101 538000
APPLICANT(S)

FILING DATE
9/22/06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10	1		1		1	
11		1		1		1
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13		1		1		1
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18		1		1		1
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21		1		1		1
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23		1		1		1
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50						
TOTAL IND.	7	↓	7	↓	7	↓
TOTAL DEP.	29	↔	25	↔	25	↔
TOTAL CLAIMS	36		32		32	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						